

DECLARATION FOR NON-PROVISIONAL PATENT APPLICATION*

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below at 201 et seq. beneath my name.

I believe I am the original, first and sole inventor if only one name is listed at 201 below, or an original, first and joint inventor if plural names are listed at 201 et seq. below, of the subject matter which is claimed and for which a patent is sought on the invention entitled
INDIRUBIN-TYPE COMPOUNDS, COMPOSITIONS, AND METHODS FOR THEIR USE

and for which a patent application:

☒ was filed in the United States on APRIL 27, 2006 as Application No. 10/577,686
 with amendment(s) filed on (if applicable)

☒ was filed as PCT international Application No. PCT/US2004/035931 on OCTOBER 28, 2004

I hereby authorize and request the attorneys at Jones Day to insert herein parentheses (Application No. _____ filed _____) the filing date and application number of said application when known.

I hereby state that I have reviewed and understand the contents of the above identified application, including the claims, as amended by any amendment referred to above

I acknowledge the duty to disclose information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED PRIOR TO THE FILING DATE OF THE APPLICATION				
APPLICATION NUMBER	COUNTRY	DATE OF FILING (day, month, year)	PRIORITY CLAIMED	
PCT/US2004/035931	PCT	OCTOBER 28, 2004	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

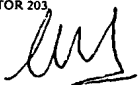
PROVISIONAL APPLICATION NUMBER	FILING DATE
60/515,571	OCTOBER 28, 2003

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112. I acknowledge the duty to disclose information known to me which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

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2 0 1	FULL NAME OF INVENTOR	LAST NAME MEIJER	FIRST NAME Laurent	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Roscoff	STATE OR FOREIGN COUNTRY France	COUNTRY OF CITIZENSHIP France	
	POST OFFICE ADDRESS	STREET de Bir-Hakeim, 16 F-29682	CITY Roscoff	STATE OR COUNTRY France	ZIP CODE
	SIGNATURE OF INVENTOR 201			DATE	
2 0 2	FULL NAME OF INVENTOR	LAST NAME GREENGARD	FIRST NAME Paul	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY New York	STATE OR FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP U.S.	
	POST OFFICE ADDRESS	STREET 362 East 69th Street	CITY New York	STATE OR COUNTRY NY	ZIP CODE
	SIGNATURE OF INVENTOR 202			DATE	
2 0 3	FULL NAME OF INVENTOR	LAST NAME KNOCKAERT	FIRST NAME Marie	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Roscoff	STATE OR FOREIGN COUNTRY France	COUNTRY OF CITIZENSHIP France	
	POST OFFICE ADDRESS	STREET 9, rue Boudant F-75017 Route du Labor, F-269680	CITY Roscoff PARIS	STATE OR COUNTRY France	ZIP CODE 75017
	SIGNATURE OF INVENTOR 203 			DATE 11 juin 2007	
2 0 4	FULL NAME OF INVENTOR	LAST NAME SKALTOUNIS	FIRST NAME Alexios-Leandros	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Athens	STATE OR FOREIGN COUNTRY Greece	COUNTRY OF CITIZENSHIP Greece	
	POST OFFICE ADDRESS	STREET 25 Lefkosias Street, GR-11253	CITY Athens	STATE OR COUNTRY Greece	ZIP CODE
	SIGNATURE OF INVENTOR 204			DATE	

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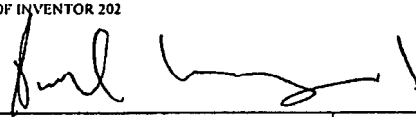
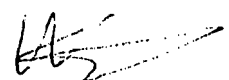
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	POST OFFICE ADDRESS	STREET 362 East 69th Street	CITY New York	STATE OR COUNTRY NY	ZIP CODE
	SIGNATURE OF INVENTOR 202 			DATE 10/04/06	
203	FULL NAME OF INVENTOR	LAST NAME KNOCKAERT	FIRST NAME Marie	MIDDLE NAME	
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visit our website at <http://www.uspto.gov/ebc>.

If you are not using EFS-Web to submit your reply, you must include a copy of this notice.

ANITA D JOHNSON

Telephone: (703) 308-9140 EXT 226

PART 1 - ATTORNEY/APPLICANT COPY

U.S. APPLICATION NUMBER NO.	INTERNATIONAL APPLICATION NO.	ATTY. DOCKET NO.
10/577,686	PCT/US04/35931	11181025999

FORM PCT/DO/EO/905 (371 Formalities Notice)

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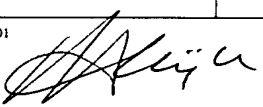
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